

Summary Report

All Health Departments
Cycle 5
Reviewers

Cycle 5
2012-2014
Courtney Adams, Sherry Brabon, Orlene Christie, Kristie Ferris, Lisa Huckleberry, Randy Krause,
Valarie Newton, Courtney Pendleton, Matt Richardson, Dianna Rigato, Becky Shockley, Judy
Wernert

Availability and Input Received					
# of Staff on CAAG	-	CSS Analyst Input	30/42		
# Staff Attending	-	CSS Tech Input	2/3		
Family Center Report	21/25	Insurance Premium Input	24/24		
FSRs	25/33	Reimbursement & Resolution Input	10/11		
Local Health Services Data	9/13	CSN Fund Input	20/29		

Post-Visit

Indicator Status

Measures	Number of Met	Number of Met with Conditions	Number of Not Met	Recommendations of Improvement	Special Recognition
Indicators	1204	166	69	377	139
Indicator Percentages	94.58%	13.04%	5.42%	29.62%	-

The Indicators with the Most Met with Conditions Status

Indicator	Indicator Definition
2.3 (15 LHDs)	LHD CSHCS shall have a shared, comprehensive client record for CSHCS enrollees that reflects communication among the staff and includes dates and staff identifier.
6.7 (15 LHDs)	The LHD CSHCS program shall provide Level I and Level II care coordination and make case management available to CSHCS families as needed, according to current CSHCS policies and procedures.
3.2 (14 LHDs)	LHD CSHCS shall have written policies and procedures in accordance with CSHCS published policy that are reviewed annually and updated as needed regarding local CSHCS program functions.
4.2 (14 LHDs)	LHD CSHCS shall refer CYSHCN and CSHCS clients to other needed services/programs.

The Indicators with the Most Not Met Status

Indicator	Indicator Definition
3.2 (12 LHDs)	LHD CSHCS shall have written policies and procedures in accordance with CSHCS published policy that are reviewed annually and updated as needed regarding local CSHCS program functions.
4.4 (8 LHDs)	LHD CSHCS shall refer all families to the CSHCS Family Center for Children and Youth with Special Health Care Needs (Family Center). All written documents sent to families from the LHD shall contain the Family Phone Line toll-free number and the CSHCS website (www.michigan.gov/cshcs).
3.3 (7 LHDs)	LHD CSHCS shall facilitate the direct participation of families in the local CSHCS program development, evaluation and policy formation, at least annually.

The Indicators with the Most Recommendations for Improvement

Indicator	Indicator Definition
6.7 (34 LHDs)	The LHD CSHCS program shall provide Level I and Level II care coordination and make case management available to CSHCS families as needed, according to current CSHCS policies and procedures.
3.2 (33 LHDs)	LHD CSHCS shall have written policies and procedures in accordance with CSHCS published policy that are reviewed annually and updated as needed regarding local CSHCS program functions.

4.4 (30 LHDs)	LHD CSHCS shall refer all families to the CSHCS Family Center for Children and Youth with Special Health Care Needs (Family Center). All written documents sent to families from the LHD shall contain the Family Phone Line toll-free number and the CSHCS website (www.michigan.gov/cshcs).
The Indicators with the Most Special Recognitions	
Indicator	Indicator Definition
4.1 (24 LHDs)	LHD CSHCS shall routinely conduct outreach/case finding and program representation which includes, but is not limited to, the provision of information regarding CSHCS policy on diagnostic referrals, program eligibility, and covered services, to families, local hospitals, providers, the community and other agencies.
3.3 (13 LHDs)	LHD CSHCS shall facilitate the direct participation of families in the local CSHCS program development, evaluation and policy formation, at least annually.
Recommendations for Improvement Training	
Care Coordination and Case Management	
Transition	
Funding Structures	
Medicaid Outreach	
Policies and Procedures	
Family Center & Family Centeredness	
Family Outreach (Gathering/Implementing Family Input, Case Representation within the Community)	
Health Equity	